Testimony for the
Committee on Energy and Commerce
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Mr. Chairman, Members of the Committee,

My name is Dr. Michael Ehlert. I am President of the American Medical Student Association, and a graduate of Case Western School of Medicine in Cleveland, Ohio. On behalf of our members, I am pleased to offer the following testimony on the Reauthorization of the National Health Service Corps and on the shortage of primary care physicians in the United States.

As Background, AMSA is the nation's largest, independent, student-governed organization of physicians-in-training. With a membership of more than 68,000 medical students, premedical students, interns, and residents from across the country, AMSA continues its commitment to improving medical training and the nation's health.

In academic medical centers, urban hospitals, and community-based clinics, physicians-in-training are at the forefront of providing care to a wide range of patients, including the nation's most vulnerable. Through our rotations in Emergency Rooms we see the impact of inadequate access to primary care daily. While rotating through outpatient settings and in our student-run clinics, we experience the burden placed on these physicians by growing patient loads and inadequate staffing levels. Our nation is in a crisis of reliable primary and preventive care for all Americans.

The absence of primary care physicians endangers not only the individual health of patients, but that of the community as well. For the individual patient, primary care doctors can see a wide range of health problems and provide a place where patients can expect to have their problems resolved without additional referrals or coordination of care when necessary. Physicians help patients navigate our complicated healthcare system and manage the different recommendations by specialists. They provide continuous, longitudinal care and overtime develop relationships with patients and families – acting as a medical *home*. This team-work allows patients to rely on a consistent and informed provider and take a greater role in decisions about their health. Primary care also allows appropriate attention to be given to health promotion and creates opportunities for early prevention of disease. The majority of health care costs in America are incurred by preventable and reversible risks as well as easily detectable and treatable conditions. In developing these deeper, longitudinal relationships with patients, primary care doctors

can come to know patients' families and communities and provide care appropriate to the context of their patients' lives, culture and environment.

I remember a patient I was seeing in the clinic who was complaining of fatigue and headache. Already blind from uncontrolled diabetes, testing revealed dangerous dehydration and blood sugars 5 times normal. After admitting her to the hospital, giving her fluids and correcting her blood sugar I asked her about the course of her illness. While she could recount all the specialists she has seen – vascular surgeons, nephrologists, ophthalmologists, neurologists – she could not name a singular primary care physician who has diagnosed her diabetes, followed her disease or followed up after her specialist care. It is my belief that if she had a physician planning and coordinating her care, she would still have her sight and not be facing imminent kidney failure in the coming year.

According to a report by the Institute of Medicine, *Primary Care: America's Health in a New Era*, primary care reduces costs and increases access to appropriate medical services. Health outcomes improve because primary care enables individuals to obtain services before illnesses become severe, to better control their chronic conditions, and ultimately to reduce preventable hospitalizations and inefficient use of emergency rooms. In examining specific health outcomes, the famous Rand Health Insurance Study from the 1980's demonstrated that access to primary care services among low-income individuals resulted in improved vision, more complete immunization, better blood pressure control, and reduced mortality when compared with other low-income individuals that had reduced access to primary care services. Other evidence demonstrates that preventable hospitalization rates are lower in areas where there is a higher ratio of family and general practice physicians.

When we look abroad to other industrialized countries, countries whose health systems are oriented toward primary care realize better population outcomes. They achieve better health status (based on 14 WHO indicators such as low birth weight ratio, neonatal mortality, age-adjusted life expectancy, and years of potential life lost), higher satisfaction with health services among their populations, lower expenditures per capita, and lower prescription medication use. Ultimately, both for individuals and larger populations, primary care is a corner stone of successful health systems and good health outcomes.

The shortage of primary care physicians is, however, a problem that is not distributed evenly across the population. Over 50 million Americans reside in areas designated as primary medical care health professional shortage areas by the Bureau of Health Professions. In 2000, HRSA estimated that an additional 26,657 physicians were needed to meet desired clinician to population ratios in these shortage areas.

This situation is not new. It was for these same reasons that in 1970, shortly after our independence from the American Medical Association, AMSA, then, as in now, supported the passage of the Emergency Health Personnel Act.

Today, the National Health Services Corps, administered through the Health Resources and Services Administration at DHHS, maintains programs that provide service-obligated scholarships and loan-repayment to health professional students in health professional shortage areas (HPSAs). These two NHSC programs are authorized under title III of the Public Health Service Act. They were last reauthorized in the 2002 and expired at the end of the 2006 fiscal year. There are currently 4,333 professionals participating in the Corps and in its history, 27,000 professionals were place in underserved areas. Eligible for Corps funding are primary care physicians—pediatricians, internists, obstetricians/gynecologists, psychiatrists, and family physicians—and other members of the primary care team, including nurse practitioners, physician assistants, midwives, dentists, dental hygienists, and mental/behavioral health professionals.

The premise of the NHSC is one of financial incentive for those clinicians who practice in locations not as rewarding as others. It is no secret that our financing system for health care does not reward those who prevent or coordinate care, but rather those who perform procedures or provide hospital based, critical intervention care. Further, student debt has hit an all-time high. According to the most recent report from the Association of American Medical Colleges, the average medical students graduates with $120,000 in educational debt, up to $300,000 in some cases. It is no wonder that the number of US graduates entering primary care fields has steadily decreased in the past decade. The Corps provides a crucial incentive to care for Americans who are most vulnerable and least likely to have regular access to care. Both the scholarships and the loan repayments are a much needed investment in our health care workforce as in the health of those communities.

The scholarships have also been cited as providing support for those who are underrepresented in medicine. These minority students face increased barriers to becoming health care professionals. Tuition at US medical schools has increased an astounding 11.1 percent which is even more daunting if you are not from the top quintile in US income – where over 60% of students' families are. Keep in mind that African Americans, Hispanics and Native Americans make up over 25% of the population, and less that 6% of physicians. Any program which provides relief from these costs is an improvement and an investment in the health care workforce.

The National Health Service Corps allows committed, driven, and compassionate physicians to follow their interests and provide primary care to the nation’s neediest instead of being forced to make career decisions based on high debt loads. Central to this is the presence of the nation’s Federally Qualified Community Health Centers—the NHSC provides the staffing backbone to the nation’s CHCs. These centers, numbering more than 3,800 today, provide comprehensive care to 15 million people regardless of ability to pay. CHC patients are evenly split between urban and rural settings, and about 70 percent live at or below the poverty line. Three-quarters have no insurance or are enrolled in Medicaid.

Unfortunately, despite generous and much-needed funding increases recently given to health centers, staffing levels are not keeping up with patient demand. The Institute of Medicine found that access to appropriate care is influence by the number and distribution of primary care clinicians. In a recent article published in JAMA, the average health center in 2004 had a family physician staff vacancy rate of more than 13 percent. In rural areas, the rate approaches 16 percent. Even while health centers provide care in the trenches of America's health disparities, help is urgently needed to bring more primary care physicians to provide sufficient staffing at health centers.

As a physician-in-training and as AMSA President, I strongly believe that continued support and increased funding for the National Health Service Corps is critical to improve the nation's health and ultimate provide everyone with affordable, quality healthcare. There are a number of bills before this committee that would reauthorize the National Health Service Corps, we emphasize however, the importance to authorize increased funding for the program. The Corps turned away about half of the 1,800 physicians who applied last year. There is an even lower acceptance rate for students who apply for scholarships with over 11 applicants for each available scholarship in 2006. In the bill introduced by congressman Braley, HR 2915, authorized funding for the Corps would double to $300 million. Furthermore, $30 million would be reserved for allopathic and osteopathic medical students who apply for the scholarship program. An immediate increase in funding for the Corps and carving-out funds for scholarships are crucial for the already proven vacancy rate, paucity of primary care physicians, and ballooning student debt that push young physicians away from primary care and away from underserved areas. This would recognize the crucial role physicians play in coordinating and managing the health of their patients.

Submitted in solidarity,

Michael J. Ehlert MD

AMSA National President